Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	St. Anne's Residential Services Group U
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	13 May 2026
Centre ID:	OSV-0007882
Fieldwork ID:	MON-0042084

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

St. Anne's Residential Services Group U is a designated centre operated by the Avista CLG. The centre provides a community residential service to a maximum of eight adults with a disability. The centre is located in an urban area in Co. Tipperary close to local amenities such as pubs, hotels, cafes, shops and banks. The centre comprises of two detached four bedroom bungalows which are a short distance from another. Each house consists of an open planned kitchen, dining room and sitting room, four resident bedrooms, a staff sleep over room and a shared bathroom. The staff team consists of social care workers, care staff and a community nurse. The staff team are supported by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 13 May 2026	09:10hrs to 16:50hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform a decision regarding the renewal of registration. This inspection was carried out by one inspector over one day.

On the day of the inspection, the inspector had the opportunity to meet and spend time with all eight residents. Some residents did not verbally share their views with the inspector and used alternative methods of communication such as body language, vocalisations and facial expressions. The inspector also spoke with staff members and the person in charge.

Overall, the inspector found that the residents received a good standard of care and support in their home. However, the staffing arrangements required review and some areas of the internal premises required some attention.

On arrival to the first house, the inspector met with two residents in the open plan room. One resident was enjoying a cup of tea at the dining room table while the second resident was relaxing in the sitting room watching TV. Both residents were observed smiling and interacting positively with the staff team. The inspector was informed that the third resident was being supported to prepare for the day and the fourth resident was relaxing in their bedroom. A short time later the other two residents later joined the group in the open plan area and appeared content in their home.

The four residents were supported from their home by residential and day service staff. The inspector observed two of the residents leaving the centre to access the community in the morning to go horse riding and for a coffee with day service staff. The other two residents were planning to relax in the morning and go for a coffee in the community later in the day.

The inspector completed a walk though of the first house accompanied by the person in charge. The house was a detached bungalow located on its own grounds and comprised of an open plan kitchen, living, dining area, four resident bedrooms, a sleepover room and one as an office. Overall, the house was well maintained and presented in a homely manner. There was a well maintained secure garden to the rear of the centre that residents could use if they wished.

In the afternoon, the inspector visited the second house which was home to four residents. The inspector met with two residents who were watching TV and engaged in table top activities. The residents welcomed the inspector and were smiling and relaxed in their home. Later in the afternoon, the two other residents returned home from accessing the community. All residents appeared comfortable in their home and in their interactions with the staff team.

The inspector completed a walk though of the second house. The house was a detached bungalow and consisted of an open plan kitchen, dining room and sitting room, three resident bedrooms and a shared bathroom. Overall, it was was found to be well maintained, clean and decorated in a homely manner. However, there was some areas of paint in need of attention in the open plan area.

The inspector also reviewed eight questionnaires completed by residents, some with the support of staff. The residents' questionnaires had positive feedback on many aspects of service in the centre such as activities, bedrooms, meals and the staff team.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that there were management systems in place to ensure the provision of a good standard of care to the residents. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs. However, the staffing arrangements required review.

There was a defined governance structure in place. The centre was managed by an appropriately qualified and experienced person in charge. Quality assurance audits were taking place to assess and monitor the service including the annual review for 2025 and six-monthly provider audits. These audits identified areas for improvement and developed actions plans to address same.

The inspector reviewed a sample of the staffing roster and found that there was an established staff team in place. However, the staffing arrangements required attention. For example, at the time of the inspection, the centre was operating with three staff on leave and one whole time equivalent vacancy. This meant at times there was a reliance on the regular relief and agency staff to maintain the staffing complement.

The inspector reviewed a sample of training records which demonstrated that for the most part the staff team had up-to-date training. This meant that the staff team had the skills and knowledge to support residents.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge of the designated centre who was suitably qualified and experienced. The person in charge was responsible for this designated centre alone.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual roster. While there was a core staff team in place, some improvement was required in ensuring continuity of care and support to residents.

In the first house the four residents were supported by three staff during the day and two staff in the evening. At night, the four residents were supported by one waking night staff and one sleepover staff. Similarly, the four residents in the second house were supported by three staff during the day and two in the evening. At night the four residents were supported by one waking staff and one sleepover. The residents in both houses were also supported by a team of day service staff during the week.

At the time of the inspection, the inspector was informed that the centre was operating with three staff on approved leave and one vacancy. Where required these shifts were covered by the staff team, regular relief staff or regular agency. However, at times there was a challenge in covering all shifts and maintaining continuity of care at times of annual leave and sickness. For example, from a review of the roster for March 2026 and April 2026, 10 occasions were identified were the staffing levels were below the planned staffing levels but within the identified safe staffing levels. This had been self-identified by the provider in their audits and risk assessments. The inspector was informed that the provider wa actively recruiting to fill the vacancy.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, the majority of the staff team had up-to-date mandatory training including fire safety, safeguarding, de-escalation and intervention techniques, manual handling and safe administration of medication.

There was a supervision system in place and all staff engaged in formal supervision. It was evident that formal supervisions were taking place in line with the provider's policy. This meant that the staff team had up to date knowledge and skills to meet the residents assessed needs.

Judgment: Compliant

Regulation 22: Insurance

The provider ensured that there was appropriate insurance in place in the centre. This policy ensured that the risk of injury to residents, building, contents and property was insured.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The centre was managed by a full-time appropriately qualified and experienced person in charge who was supported in their role by two social care workers. The person in charge reported to the clinical nurse manager three who in turn reported to the service manager.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to residents' needs. The quality assurance audits included the annual review for 2025. The provider had also carried out six-monthly provider visits. The audits identified areas for improvement and developed action plans to address same. These audits also included positive feedback from families and residents on the care and support provided.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider prepared a statement of purpose which included all the information as required in Schedule 1 of the regulations. This is an important governance document that details the service to be provided in the centre and details any charges that may be applied.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse accidents and incidents occurring in the centre and found that the Chief Inspector of Social Services was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the service was providing person centred care and support to the residents in a homely environment which ensured that each resident was supported to enjoy a good quality of life. However, some areas of the premises required attention.

The inspector found that the premises was designed and laid out to meet the needs of residents. The centre was clean, generally well maintained and presented in a homely manner. There were some areas of scratched or damaged internal paint which required attention.

The inspector reviewed a sample of the residents' personal files which comprised of an up to-date comprehensive assessment of the residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting the residents with their needs.

There were appropriate systems in place to keep the residents safe. For example, the residents communicated with the inspector that they liked living in the designated centre and residents appeared content in their home. A review of incident and accident records demonstrated that they were appropriately managed and responded to. In addition, there was suitable fire safety equipment in place and fire drills had been carried out.

Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner, well maintained and laid out to meet the needs of residents. The centre comprises of two detached four bedroom bungalows which are a short distance from another. Each house consisted of an open planned kitchen/dining room/sitting room, four resident bedrooms, a staff sleep over room and a shared bathroom. However, some areas of scratched internal paint in both houses required attention. This had been self-identified by the provider.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had prepared a residents guide which contained all of the information as required by Regulation 20 including a summary of the services and facilities, the terms and conditions, the arrangements for consultation with residents, how to access inspection reports, the complaints procedure and the arrangements for visits.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. A personal emergency evacuation plan (PEEP) had been developed for each resident to guide staff in the effective evacuation of the centre, if needed. There was evidence of regular fire evacuation drills taking place in the centre which demonstrated the all persons could evacuate the service in a safe and timely manner. In addition, a fire drill identified areas for learning for the staff team and the person in charge had plans in place to discuss same at the next team meeting.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of needs in place which identified the residents' health, social and personal needs. The assessment informed the residents' personal

plans. The inspector reviewed a sample from eight residents' personal files and found that they were up to date, appropriately identified the residents needs and guided the staff team on how to support the residents. Examples of care plans included, epilepsy, mobilising, diabetes, feeding eating drinking and swallowing.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had systems to keep the residents in the centre safe. There was evidence that incidents were appropriately managed and responded to. All staff had received training in safeguarding vulnerable adults. Staff were found to be knowledgeable in relation to keeping the residents safe and on how to report allegations of abuse. Residents were observed to appear relaxed and content in their home and in the presence of the staff team and management.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for St. Anne's Residential Services Group U OSV-0007882

Inspection ID: MON-0042084

Date of inspection: 13/May/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: A full-time Social Care Worker and a full-time Health Care Assistant have been successfully recruited and commenced employment within the designated centre. In the interim period, and pending the completion of all recruitment processes, two regular agency Health Care Assistants have been assigned to the centre on a consistent basis. This arrangement has ensured continuity of care, maintained safe staffing levels, supported the consistent implementation of residents' care plans, and provided residents with consistent staff who are knowledgeable regarding their assessed needs and support requirements. Staffing arrangements continue to be monitored by the Person in Charge and Person Participating in Management to ensure that the designated centre is resourced appropriately to meet the assessed needs of residents and maintain service continuity.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Internal painting has been identified and scheduled for both houses where required with a completion date of 30 September	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	29/Jun/2026
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/Sep/2026